

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 2139

Vietta L. Johnson, M.D., Daniel Ivankovich, M.D.,  
Karen Nash, M.D.,

v.

County of Cook, Cook County Bureau of Health  
Services

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

County of Cook, Cook County Bureau of Health Services

NAME (Type or print) Jamieson B. Bowman	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Jamieson B. Bowman	
FIRM Cook County State's Attorneys Office, Civil Actions Bureau	
STREET ADDRESS 500 Richard J. Daley Center	
CITY/STATE/ZIP Chicago IL, 60602	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6281059	TELEPHONE NUMBER 312-603-3032
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	